

## C.A.S.E. Assistive Technology Action Planning Worksheet

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Student:

Consultation Date:

Team Members Present:

**Support/Tool for Trial:**

**IEP Goal Targeted:**

Environments for trial	People responsible for implementation in each environment	Trial period (dates)	Indicators of Effectiveness (This should be predetermined by team)	Outcomes/Data (How did the AT trial affect performance?)

Responsible for device rental:

Responsible for training: